

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/17/00</i>
O.I.P.E. CLASSIFIER	<i>SS</i>	<i>69134</i>	<i>6/3/00</i>
FORMALITY REVIEW	<i>li</i>	<i>li</i>	<i>5-8-2000</i>
RESPONSE FORMALITY REVIEW	<i>li</i>	<i>li</i>	<i>10-14-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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41	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
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56	✓
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Claim	Date
Final Original	
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143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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